

Utah Cannabinoid Product Board
March 9, 2021
9:00AM – 11:00AM
Utah Department of Health

This meeting was held virtually.

This meeting has been recorded. A copy of this recording can be viewed online (<https://www.youtube.com/channel/UCbl4pIY53uvZKUjxAZYE7IA>). Visit the CPB's website for more information on past meeting minutes and agendas (<https://medicalcannabis.utah.gov/resources/cannabinoid-product-board/>)

Meeting minutes approved on: 4/13/2021

Attendees

- **CPB Members:** Perry Fine, Edward Redd, Brian Zehnder, Katherine Carlson, Michael Crookston,
- **UDOH Staff and Members of the Public:** Reshma Arrington, Deborah Bilder, Bijan Sakaki, Blake Smith, David Sundwall, Desiree Hennessy, Johanna Greenberg, Kevin Baumgertner, Kurt Stemberge, Marc Babitz, Marc Watterson, Pejman Mesdaghi, Richard Oborn, Sarah Ponce, Sara Woolsey, Dana Lombardi

Minutes:

9:00 AM Welcome by Perry Fine and approval of February 2021 minutes.

Approval of the minutes. Meeting minutes approved

9:10 AM Perry Fine introduces Sarah Woolsey and gives her the floor to introduce herself. Sarah Woolsey mentions her background working with Marc Babitz in the past and that she is a practicing physician with the federally qualified health centers for 20 years and in her most recent position with CoMagine Health provided provider education.

Perry Fine addresses the whole group and asks that the public remain on mute and enter questions in the chat if needed.

9:25 AM Perry Fine asks Dr. Deborah Bilder to take the floor. Deborah Bilder addresses the group and states that she is not representing the University of Utah and that she is an ASD expert and a professor at the Department of Psychiatry and also sees patients for ASD, both childhood and adults. The most common concern she faces is agitation in the context of someone with a severe autism disorder. Deborah Bilder shares her presentation to the group (see slides attached to the meeting notice: <https://www.utah.gov/pmn/sitemap/notice/634853.html>)

9:50 AM Deborah Bilder concludes her presentation with these two major points:

-those who treat autism with THC do so at their peril

-those who use THC to treat agitation associated with autism can be creating a much bigger problem

9:55 AM Ed Redd shares that the Board make recommendations for cannabis use according to expert advise and adequate research on the nature of cannabis use. These presentations highlight where patients and physicians need to take into account the limitations of using cannabis. The more recent studies from Israel did conclude that there is a reduction in agitation when THC is not used, this was a randomized controlled study with a placebo-control group. The issue of psychosis is important and having Dr. Bilder's research on this is important.

Perry Fine shares that there are multiple phase one and phase two studies on cannabinoids and autism happening right now. Science is late on this topic but we are seeing promise of change. What is important to note is that we don't know about the long-term impact from long term use. We have a lot to learn as well and it's great to have an expert level presentation on this. We cannot generalize because of this especially because of all the limitations and confounders that are present. What are we seeing from the products with all the different strains and cannabinoids present?

Rich Oborn shares that the Center for Medical Cannabis makes a lot of effort to make it apparent what a patient is taking. The law requires that the products be tested, right now we only have one testing facility but that is growing. This is unlike many other states. There is value in this for everyone in the industry, including the patient.

Deborah Bilder shares that she did not say that a patient with autism should or should not use marijuana. She shares that she has a patient who is high-functioning and thank goodness for cannabis and she didn't need to worry about the patient having an overdose because he was using opioids. As his physician we monitored his development of psychosis if it were to occur. So, cannabis could be an appropriate choice for some patients but the development of psychosis needs to be highly monitored.

10:00 AM Perry Fine shares with Deborah the next steps of creating an advisory document for using cannabis with autism. The document will be posted on the CPB website.

Assignment: Ed Redd will put together notes and finalize the document for a review from Deborah Bilder.

Perry Fine asks the public for any questions to Deborah Bilder.

David Sundwall, a QMP and presiding officer of the Compassionate Use Board, asks about the example Dr. Bilder shared. David Sundwall adds that he did approve the use of cannabis to a patient who was not truthful about his history of hallucinations and diagnosis of schizophrenia. So could we have a blanket-statement to use for cases like this with hallucinations and/or schizophrenia and the use of cannabis? David Sundwall states that the board consider to add psychosis as a contraindication for cannabis use.

Deborah Bilder responds "Yes, a contraindication of using cannabinoids for a person with a history of psychosis or hallucinations."

Katherine Carlson adds that patients are not always going to relay their history, or may not be willing to relay that history. One thing to note is that the package insert should have precautions like this noted. Katherine Carlson also clarifies to the group and David Sundwall that the guidance documents provided online by the group does include that current psychosis or psychotic disorders is listed as a contraindication for use.

Rich Oborn mentions that one of the duties of the CPB is to update their guidance documents on the Suggested Use of Medical Cannabis and this would be an appropriate update in the guidance.

Assignment: CPB to update guidance documents, specifically ASD.

Sarah Woolsey adds that the topic is not autism but rather the expressions of autism like psychosis and so the language needs to be clear on that distinction.

10:20 AM Blake Smith adds that there is a lot of talk about psychosis and in all the research there is a lot of mention about drug-drug interaction so what specific neurotransmitter is associated with the psychosis we are talking about or in the expression of autism? Knowing which neurotransmitter would be ideal so that we can target which cannabinoid is taking into effect?

Deborah Bilder responds that it is best to understand the underlying efficacy of the side effects. There's a lot of cannabis that researchers and providers don't know. Honestly, we just don't know and as a result as this being a legalized substance, we are able to learn more now. So two or four years from now, for those folks who tried this for their ailment we will be able to track what has happened to them. So there is hope we will be able to have an answer to this in the near future.

Bijan Sakaki shares that in his research THC-A in combination with CBD tends to be non-psychoactive but still has the therapeutic effects of THC and CBD. What is your knowledge on this case?

Deborah Bilder responds that this is a great opportunity to learn more and it seems like it could greatly benefit patients. It seems promising to pursue this topic.

10:40 AM Rich Oborn updates the group the medical cannabis legislative updates (see attached document in the Utah Public Notice website). Rich Oborn reviews the new bill regarding adding LMPs to the Utah Cannabis Act. Rich Oborn asks that if anyone has any questions about this amendment that they individually reach out to Representative Ward.

Perry Fine continues the meeting with his discussion on which topics have been covered through presentations and discussion. ALS, Alzheimer's disease, HIV/AIDS and chronic pain, cancer, cancer and CINV, Crohn's disease and UC, and epilepsy have not been covered. If the group has suggestions for speakers, they are welcome to invite those speakers. Perry Fine will reach out to colleagues at the Huntsman Cancer Institute as well.

Assignment: CPB members and Reshma Arrington to reach out to guest speakers

Ed Redd adds that epilepsy should be a high priority since cannabis can be extremely complicated when used for treating epilepsy. If there is a neurologist that the group knows of, the board welcomes that speaker.

10:50 AM Perry Fine shares his idea of having some sort of plenary session to be hosted by the CPB. This event could be virtual or in person and would cover newest and latest research of this program. This event could cover CEs as well. Senator Vickers could also be invited to share how the policy is moving along in the program. Does the Board see this as a priority?

Assignment: Reshma Arrington and CPB members to begin brainstorming ideas for this event

Perry Fine opens the floor to public comment.

Rich Oborn reminds the group about the cannabis webinar from the University of Maryland.

Meeting adjourned 11:00 AM.